

CREWKERNE URBAN DISTRICT COUNCILANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

for the year ended 31st December, 1963.



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PUBLIC HEALTH OFFICERS

Medical Officer of Health

A.M. McCall

V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

Dr V. Hague, M.B., B.Ch., D.P.H.

Public Health Inspector

A.C.N. Gully, M.A.P.H.I., M.R.S.H.

Clerk to Medical Officer

Miss Y. Michael, B.A.

PUBLIC HEALTH COMMITTEE

AND

HOUSING COMMITTEE

The whole Council

Health Department,
16, Church Street,
Crewkerne.
Somerset.

Telephone No.
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To the Chairman and Councillors of the
Crewkerne Urban District Council.

Mr. Chairman, ladies and Gentlemen,

I have pleasure in presenting my Report for 1963.

The health of our residents has been good and there have been no epidemics or any serious outbreak of illness.

In January Dr. D.V. Hague, now in general practice and at one time Medical Officer of Health for the Urban District, was appointed Deputy Medical Officer of Health to cover the town during my absences and I was pleased and grateful when he accepted the appointment.

I am, Mr. Chairman and Councillors,

Your obedient Servant,

A.M. McCALL

Medical Officer of Health.

SECTION A

Statistics and Social Conditions of the Area

Population The Registrar General's estimated mid-year population for 1963 was 4,450, one hundred higher than last year. This gives a population density of 3.3 per acre. The product of a penny rate has now reached £600 and the Rateable Value just under £58,000.

Birth Rate The corrected Birth Rate for 1963 was 21.47 per thousand live births. Crewkerne followed the national trend upwards. The figure for England and Wales was 18.2 the highest since 1947. There were eight illegitimate births which was 10% of live births and double the 1962 figure.

Death Rate The corrected Death Rate for the year was 12.67 compared with the national figure of 12.2. There was an increase in the number of deaths due to coronary disease of the heart, of which there were twenty-two. Vascular lesions of the nervous system were responsible for eleven deaths. Cancer caused only four.

Maternal Mortality There were no maternal deaths in 1963.

Stillbirths There were two stillbirths registered during the year.

Infant Mortality There was one infant death, due to prematurity and cerebral haemorrhage.

Social Conditions The conditions in which the residents live are satisfactory and unemployment was at a low level. The Council are constantly endeavouring to attract new industry to the town and have been very successful during the last few years. An industrial estate has been created to the south east of the town and a number of factories are being developed there. These firms are attracting an increasing number of skilled workers from outside the town and, indeed, from outside the county. This has created a demand for more housing which is being met by private enterprise in the main. Undoubtedly the present prosperity of Crewkerne is due in a large part to the progressive outlook of the Council and to the very able Clerk who has been largely responsible for the industrial expansion.

The progress of Crewkerne is well known in the South West and has been the subject of television programmes. Numerous enquiries have been received from other Councils who are anxious to emulate our success in attracting new industry to their own areas.

Youth and Community Centre Following the completion of the new Secondary Modern School there was a re-organisation of the junior schools in the town and the old infants' school building became redundant. This was sold by the County Council to Crewkerne Council, who, with the aid of a grant from the County, converted it into an excellent centre providing the sort of accommodation badly needed by the Youth of Crewkerne. It was opened in the early summer.

It is run by a management committee who rent it from the Council. In addition to its use by the Youth Clubs, it is in regular use by the Arts Club, the Old Peoples' Association two dancing classes and a Womens' Guild. The Council have provided a very excellent premises and it is gratifying to them to see it being so extensively used.

SECTION B

General Provision of Health Services in the Area

Care of Mothers and Young Children

Antenatal Clinic The clinic was held once a month and I attended each session. Blood samples are taken from every mother and sent to the laboratory at Musgrove Park Hospital at Taunton for investigation. The report, which is sent to the general practitioner and midwife concerned, gives details of the blood group, Rh. factor, haemoglobin percentage and Wasserman reaction. Relaxation classes were taken by a trained physiotherapist in conjunction with the mothercraft classes organised by the health visitors and all mothers having their first baby were encouraged to attend a course. They are well supported.

Midwifery One hundred years ago death in childbed occurred in about seven per thousand deliveries. The main causes of death were, sepsis about 60%, haemorrhage 25% and other causes, including exhaustion, about 15%. Delivery at home was much safer than delivery in hospital and this situation continued on into this century despite the widespread acceptance of Listers views on sepsis. Only in recent years have figures shown that the hospital maternity department is to be preferred to home delivery. It is the present policy of the National Health Service to increase the number of available beds in maternity departments.

Domiciliary midwifery is in the care of general practitioners and midwives. Regular supervision throughout pregnancy have reduced the maternal mortality to a very low figure. As has already been stated there were no maternal deaths this year.

Mothers admitted to maternity units are sent to Yeovil and Templecombe. The maternity unit at Musgrove Park Hospital, Taunton, gives a specialist service and deals with all infants with blood incompatibility. When necessary exchange transfusions are carried out on the infant immediately after birth. The unit also maintains a Flying Squad, a team of highly trained staff who will go out to patients' homes to give expert help in case of need.

Following the resignation of the two midwives in October, 1962, a series of reliefs maintained the service throughout 1963. In this connection I would like to record my thanks to Mrs. Grinter whose help was invaluable during the year, as it has been on numerous occasions in the past few years. Whenever we are in difficulties she is always prepared to come back and help us and we are very fortunate in having such a reliable and skilled midwife in reserve.

Infant Welfare Clinic Clinics were held every first and third Tuesday in each month throughout the year. I was present at these clinics and carried out a full immunological programme for all babies.

Adoption There are a large number of childless couples who long for a child of their own and the number of applications to adopt a child far outnumber the children available. Almost all adopted children are illegitimate. In a society in which most childrens parents are married it is a handicap legal, social and emotional to be illegitimate. An unmarried mother who is not living with the child's father, and with no prospect of doing so, is, as a parent, at a great disadvantage compared with married women. In addition, illegitimacy introduces a considerable hazard for life and health: at all ages in early childhood mortality figures are worse for illegitimate children.

Adoption law stipulates that a child must have been continuously in the care of adoptive parents for at least three months from the time it is six weeks old, before it is possible for a court to make the adoption final. This means that a legal adoption cannot be completed until a child is four and a half months old. The intentions behind this rule are:-

- (a) To make it possible for the natural parents and especially the mother to revoke the decision to part from the child before the Court Order is made.
- (b) To allow time for enquiry to be made by the Court as to the circumstances of the adopters.
- (c) To allow an examination of the child to be made at a time when it ought to be possible to diagnose any grave developmental defect and to give the adopters the opportunity of rejecting him on this account.

The Adoption Act of 1958 encouraged local Health Authorities to appoint their own adoption committees and officers. The County Council Adoption Committee dealt with all babies offered to them and the majority found new parents. However, there are a great number of private adoption societies who operate in the country. These societies are autonomous with variable rules and resources. There is a need to provide a first class adoption service on a national basis. It could well be administered locally but be uniform throughout the country.

Home Nursing The district nurses carry out all domiciliary nursing and this takes up a considerable portion of their time. They are mainly concerned with the aged and, of course, are available for the acutely sick.

Health Visiting Due to staff changes the health visiting which was able to be done was carried out by the relief nurses.

The Tuberculosis health visiting was carried out by Mrs. Pitt who follows up all cases seen at hospital by the Consultant Physician. She accompanies me when I carry out the B.C.G. vaccinations at school and does all the follow-up work in connection with it, arranging X-rays when necessary and reporting to me on the results.

General Practitioner Services During the year the two firms of general practitioners amalgamated. The Council sold them a house well situated at the entrance to the new car park near the centre of the town and they converted it for their special purposes. The centralisation of the general practitioner services has proved an advantage. An appointments system for consultations has been devised and has worked smoothly to the benefit of patient and doctor.

Immunisation Immunisations are carried out at the clinic and by private practitioners in their surgeries. Protection against diphtheria, whooping cough and tetanus with a single vaccine is now standard practice. Only oral poliomyelitis vaccine is now used. Details of all immunisations can be found in Appendix B, Table 2.

Vaccination Vaccination against smallpox continued as a routine and is usually carried out within the first two years of life. Details of this are also shown in Appendix B, Table 2.

Home Help Service The County Council is responsible for the Home Help Service and it is available on request in the town. All cases are first investigated and the need assessed and then

arrangements are made for the appropriate help to be given. This is an expanding service on which the County Council spend more each year.

School Medical Service I visited all the County schools in the town during 1963 and details of these inspections can be found in Appendix B, Table 3.

During the school medical examination particular attention is paid to the special senses. Apart from testing the vision, care is taken to see if there is any abnormality. Squinting in children presents an important challenge because, if not corrected early, it may result in serious loss of vision as well as producing psychological problems. When squint occurs each eye sees a different image and double vision results. To prevent this occurring a reflex develops involuntarily whereby the brain suppresses the image of one eye. If suppression becomes long standing, loss of vision develops in the squinting eye. After the child reaches the age of six chances of correcting this loss decrease. It is therefore of primary importance to detect a squint at the earliest possible moment. Many are dealt with by general practitioners or the infant welfare clinic before the child arrives at school. However, some are first seen at school. Because squint may be secondary to other ocular diseases these children are always referred to an ophthalmic specialist. When he is satisfied that the cause is muscle imbalance then he passes the case to an orthoptist for exercises. Sometimes an operation is necessary. This work is carried out at Taunton.

Special attention is paid to hearing. Children do not grow out of deafness, but they certainly will grow into dumbness if their hearing disability is not recognised and treated during early life. The ideal time to do this is the first two or three years of life. Some with some loss of hearing are first detected at school, often by the teacher. The County have trained teachers who, on request, examine these children with a special apparatus. Any loss is then reported to me as School Medical Officer and the appropriate investigation and treatment is then started.

Speech defects are frequently found at the first examination and, when necessary, are referred for speech therapy.

School Dental Service Mr. Watson, who had taken up his appointment as School Dental Officer to the town in November, 1962, commenced work in January. He proved to be an able and efficient dental officer who visited all the schools during the year and carried out a considerable amount of treatment. His happy approach to the children and parents was reflected in the high acceptance rate for treatment and we were fortunate to secure his services.

Speech Therapy There was a break in the service following Mrs. Baker's resignation in February, and the new Speech Therapist, Miss Ledamun started work in Crewkerne in September. She attended the Clinic once a week. During the months when a speech therapist was available children made seven attendances at eighteen sessions.

Orthopaedic Service Miss Read, the Orthopaedic Sister, continued to attend once a month. Appointments to attend this clinic are made through County Hall. She sees children referred by the surgeon at regular intervals and reports to him in matters requiring attention. Children given exercises to do by the surgeon frequently fail to do them and her stimulus is a great help in reminding them that without their co-operation little can be achieved.

Ophthalmic Services The County Council have now arranged for the health visitors to carry out an annual eye test on all schoolchildren and any difficulties are immediately reported to County Hall and to myself. Usually the children with visual defects are already known but occasionally some sudden deterioration is found and this will prove to be a very useful additional service. All cases referred to hospital are reported on by the County Oculists and these reports are available to me at the school medical inspection.

Epileptics As far as possible epileptic children on suppressant drugs attend ordinary schools. They are seen regularly by the Consultant Physician at his clinic in Taunton and a copy of his report is sent to me. Only very severe cases and those not reacting to treatment are considered for special schools and I am pleased to be able to say that we have no Crewkerne child at such an establishment at the present time.

Spastics The arrangements made for spastic children remained unchanged. They have proved to be quite adequate.

Blind Persons The Somerset Association for the Blind continued to carry out their good work. They were supported by a grant from the County Council. At the moment there are three on the Blind Persons Register and five partially sighted persons in the town.

Ambulance Service The ambulance service is provided by the County Council. All vehicles are radio controlled and the administrative centre for the town is in Yeovil. It worked smoothly throughout 1963 and I received no complaints at all about delays or other difficulties.

Mental Health Services The County Council are responsible for the administration of the new Regulations and the detailed work is undertaken by the Mental Health Sub-Committee. The emphasis is now on the treatment of mental disorders as far as possible with the patient living in the community. With the aid of modern treatment this policy is having considerable success.

National Assistance Act I am pleased to be able to report that I was not called upon at any time during the year to exercise my statutory powers under Section 47 of the Act.

Care of the Aged The County Council as Health Authority, and the Urban District as Housing Authority continued to further the policy of keeping ageing people as long as possible in their own homes. Increasing infirmity often makes the family house, already too big or inconvenient, a considerable burden to the aged. Yet sentimental ties forces them to continue the struggle. The provision of suitable alternative accommodation specially suited to their needs is one answer and readily accepted by the majority. The Council have provided thirty-two units so far but there is an application list for another fifty at present.

The Old Peoples' Association continues to increase in membership and now has over 300 members. They meet every Friday at the Youth and Community Centre when 60 or more are always present. The annual holiday to Torquay proved very popular in the early summer and over 100 went for a one day visit to Bournemouth. This is the largest number that have ever attended. Special facilities for chiropody are available to members.

Disabled Persons The membership of the disabled club increased during the year. Meetings were held fortnightly and in the summer many of the meetings took the form of outings

or meetings in private gardens. The two County Welfare Officers, Mr. Norman and Mr. Warman have been active in visiting the homes of disabled people and arranging suitable adaptions to make life more easy. The Red Cross Welfare Section loaned, or sometimes bought, particular aids in case of need. Our thanks are due to the people who give their services to drive the disabled to and from their meetings which are really very happy occasions for these people whose social contacts are so curtailed.

Health Education The Council continued its endeavour to educate the public in all aspects of health. Use was made of posters on a variety of subjects. The problem of smoking and lung cancer again received prominence but a good deal of effort was directed towards accidents in the home and their prevention.

SECTION C

Prevention and Control over Infectious Diseases and Other Diseases

Apart from a few cases of measles and two of scarlet fever, which are detailed in Appendix C, Table 1, no infectious diseases were notified to me during the year.

The routine immunisation of children against diphtheria, whooping cough and tetanus with the triple vaccine continued: Trivax was the vaccine used. Oral poliomyelitis vaccine was the only type used and was found to be more acceptable.

Vaccination against smallpox also continued but the demand was naturally much less than in the previous year when there was a big demand following outbreaks in South Wales and in the Midlands.

A full B.C.G. programme for children in their fourteenth year was carried out in the schools in February and March. Publicity had been given to the advisability of vaccination against tuberculosis when the forms were being handed out and the response was satisfactory.

An outbreak of typhoid in Switzerland in the early months of the year led to a sudden big interest in T.A.B. injections and a number were given by general practitioners and a few by myself.

There was no visit of the Mass Miniature Radiography Unit but one is planned for 1964.

SECTION D

Environmental Health Services

A. Sanitary Circumstances 1963 was a disappointing year with regard to the weather. The summer was mostly dull but in the early and latterpart of the year when water was badly needed there was a very poor fall. The total rainfall was 36.75 inches a slight improvement on 1962 but the average for the past ten years was 41.05.

Water Supply The quality of the water was satisfactory throughout the year but the severity of the weather in January, February and March affected the supplies. Consumption exceeded what was available and an emergency supply had to be taken from a Spring at Wayford. To avoid a repetition a new 6" main linking Crewkerne with North Perrott was constructed and came into operation in December. It affords a supplementary supply. The Council considered the question of fluoridation of water supplies and agreed to this procedure to a standard laid down by the Ministry. This information was forwarded to the County Council.

On 1st October, 1963, the Wessex Water Board took over control of the Crewkerne Water Undertaking.

The availability of water has been a key factor in the determination of settlement sites since earliest times. The Anglo-Saxon settlements in the south of England are excellent examples. As the settlements grew in size so the need to organise the water supply became important. Hull was the first place to have a water charter which was granted in 1447. In 1585 Sir Francis Drake promoted a civil venture which culminated in Plymouth's first Water Act of 1585. The movement was slow to spread but the sudden expansion of towns during the industrial revolution made the problem of water supply acute. Outbreaks of disease, notably cholera, put pressure on local authorities to tackle the problem. In 1844 a Royal Commission recommended that local authorities should have definite responsibilities for water supplies and drainage but it was not until the Public Health Acts 1872-78 that the duty was laid upon sanitary authorities to secure the provision of wholesome and sufficient water for the needs of their area.

As a result of the recent legislation the Council, who had an engineer, G.W. Stevenson, working for them in connection with a proposed sewage scheme, instructed him to investigate sources of water supply. This he did in 1874, but there was little enthusiasm among Councillors at the time.

The town, in common with others, had fairly frequent outbreaks of typhoid fever in the summer months. Probably these were water-borne and public opinion soon began to alter, no doubt as other towns provided a piped water supply. In June, 1882, when there were some cases of typhoid in the town a John Sparks wrote to the Council asking for action. About the same time a year later a public meeting was called. The spur was probably typhoid again. A small Sub-Committee formed at the meeting, asked Lord Portman to make available water from Wayford Springs to the town through either the Sanitary Authority or a private company. His Lordship was agreeable, subject to certain provisos. A water company was formed in August, 1883, and negotiations started with Lord Portman who was reported as not requiring anything other than moderate terms for his water! In October, 1884, a piped water supply was available in Crewkerne. The Company continued to operate until they became the subject of a 'take-over' bid by the Council who assumed

responsibility for the water undertaking on 1st April, 1947. Subsequently the Council sold the old Water Company Office to the County Council. They converted them into a Health Centre which opened in June, 1951, and I have occupied it ever since.

Drainage and Sewage Disposal Both disposal systems operated smoothly throughout the year and the new Eastern Outfall Works are now very satisfactory indeed.

Public Cleansing and Refuse Collection The refuse collection and disposal is carried out by direct labour. One vehicle is used and a weekly collection is provided. An occasional extra collection is provided for business premises.

Rodent Destruction One part-time rodent operator is employed and I include details of his work in Appendix D, Table 2.

Swimming Baths The Council do not possess a Swimming Pool which would be a great asset to the town. Privately owned Pools are used by the children at Crewkerne School, the Secondary Modern School and St. Martin's School. The Secondary Modern School Pool is the most up-to-date and has a recirculation and filtration plant and automatic chlorination. Both the other schools' Pools are chlorinated by hand although Crewkerne School bath has recirculation.

Smoke Abatement This does not present a serious problem in the town. Informal action was taken in connection with a nuisance arising from one factory. The firm have now left the district.

B. Factories Act

Details of the inspections carried out by the Public Health Inspector can be found in Appendix D, Table 3.

C. Housing

Private developers have been active during 1964 and have completed twenty houses and another thirteen were in the course of erection. The Council completed one house during the same period. There are 190 persons on the housing application list, thirty have been classified as urgent and fifty were for old peoples' dwellings. Details are shown in Appendix C, Table 3.

D. Inspection and Supervision of Food

Milk There are no registered distributors or dairy premises in the Urban District and milk sampling is carried out by officers of the County Council staff.

Ice Cream Twenty-four premises are registered for the sale of pre-packed ice cream; there are no manufacturers. Five samples were taken during the year, all of which were satisfactory.

Meat There is no licensed slaughter house in the Urban District and therefore we were not affected by the Ministry's order that one hundred percent meat inspection should be carried out. A certain amount of tinned meat was condemned by the Inspector. This is usually done at the request of the shop keepers anxious to obtain reimbursement from their suppliers.

Food Premises There are six premises where food is prepared registered under Section 16 of the Food and Drugs Act, 1955. No difficulty was experienced with them during the year.

APPENDIX A TABLE 1

Registrar General's estimate of population mid 1963	...	4,450
No. of inhabited houses at the end of 1963 according to the Rate Book	...	1,505
Rateable Value	...	£149,770
Sum represented by a penny rate		£600
Area	...	1,291 acres

APPENDIX A TABLE 2

BIRTH RATE 21.47

Comparability Factor 1.21

		M	F
Live Births	Total	46	33
	Legitimate	41	30
	Illegitimate	5	3
Still Births	Total	1	1
	Legitimate	1	1
	Illegitimate	-	-
Deaths of Infants under 1 year	Total	1	-
	Legitimate	-	-
	Illegitimate	1	-
Deaths of Infants under 4 weeks	Total	1	-
	Legitimate	-	-
	Illegitimate	1	-
Deaths of Infants under 1 week	Total	1	-
	Legitimate	-	-
	Illegitimate	1	-

APPENDIX A TABLE 3

DEATH RATE 12.67

Comparability Factor 0.91

Cause of Death	Sex	Total	Under	Under	1- 5-	15-	25-	35-	45-	55-	65-	75+
		All Ages	4 weeks	1 yr.								
Non-Respiratory Tuberculosis	M	1								1		
	F	-										
Cancer of the Stomach	M	-										
	F	1									1	
Cancer of the Lung	M	-										1
	F	1										
Cancer of other Sites	M	1									1	
	F	1										
Diabetes	M	1										1
	F	-										
Vascular Lesions of Nervous System	M	3									1	2
	F	8									2	4
Coronary Disease, Angina	M	11							1	1	5	4
	F	11									3	8
Hypertension with heart disease	M	1									1	
	F	2										2
Other Heart Disease	M	-										
	F	2										2
Other Circulatory disease	M	1								1		
	F	2										2
Pneumonia	M	4								1		3
	F	-										
Bronchitis	M	2							1		1	
	F	1										1
Ulcer of Stomach and Duodenum	M	1										1
	F	-										
Gastritis, Enteritis and Diarrhoea	M	-										
	F	1										1
Hyperplasia of Prostate	M	1										1
Other Defined and Ill-Defined Diseases	M	2		1								1
	F	2										2
All other Accidents (not motor vehicle)	M	-										
	F	1										1
TOTAL ALL CAUSES	M	29	1	-	-	-	-	1	2	1	2	8
	F	33	-	-	-	-	-	-	1	-	3	9
												20

APPENDIX B TABLE 1Crewkerne Child Welfare ClinicStatistics for the twelve months ended
31st December, 1963.

No. of Children on Register

(a) Born 1963	...	...	...	48
(b) Born 1962	...	...	...	47
(c) Born 1958-61	...	...	...	8

No. of Attendances

(a) Children under 1 year of age	...	...	520
(b) Children aged 1-2 years	...	...	45
(c) Children aged 2-5 years	...	...	27

APPENDIX B TABLE 2DIPHTHERIA IMMUNISATION

No. of children who completed a full course of primary immunisation in the year ended 31st December, 1963.

Children born

in the years:	1963	1962	1961	1960	1959	1954-58	1949-53	Total
	63	66	2	2	2	2	1	138

No. of children who received a reinforcing injection in the year ended 31st December, 1963.

Children born

in the years:	1963	1962	1961	1960	1959	1954-58	1949-53	Total
	-	1	2	1	1	1	-	6

WHOOPING COUGH IMMUNISATION

No. of children who completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the year ended 31st December, 1963.

Children born

in the years:	1963	1962	1961	1960	1959	1954-58	1949-53	Total
	29	37	3	1	-	-	-	70

TETANUS IMMUNISATION

No. of children who completed a full course of primary immunisation in the year ended 31st December, 1963.

Children born

in the years:	1963	1962	1961	1960	1959	1954-58	1949-53	Total
	29	37	3	1	-	-	-	70

No. of children who received a reinforcing injection in the year ended 31.12.63.

Children born

in the years:	1963	1962	1961	1960	1959	1954-58	1949-53	Total
	-	1	2	1	1	-	-	5

POLIOMYELITIS VACCINATION

No. of persons who received a course of primary vaccination (two injections of Salk vaccine, three injections of quadruple vaccine or three doses of Oral vaccine) during the year 1963

Children born 1963	Children born 1962	Children born 1943-61	Young Persons born 1933-42	Persons under 40 yrs. of age & Priority Groups					
Salk	Oral	Salk	Oral	Salk	Oral	Salk	Oral	Salk	Oral
-	12	-	42	-	16	-	-	-	4

Reinforcements 1963

No. of persons (all groups) who received a third Salk injection or fourth injection of quadruple vaccine	No. of children of 5 yrs. but under 12 yrs. who received a fourth Salk injection or fifth injection of quadruple vaccine	No. of persons (all groups) who received a reinforcing dose of Oral vaccine following two Salk injections	No. of children of 5 yrs., but under 12 yrs. who rec'd a dose of Oral vaccine after three Salk injections or 3 Oral doses or 2 Salk injs. plus 2 Oral doses
2	20	9	5

SMALLPOX VACCINATION

Age Groups	0 - 3 months	4 - 6 months	7 - 9 months	10 - 12 months	1 year	2 - 4 years	5 - 14 years	15 or over				
	P	P	P	P	P	R	P	R	P	R	P	R
	7	1	3	5	1	-	1	-	1	3	2	1

P = Primary Vaccination

R = Re-vaccination

APPENDIX B TABLE 3

<u>Name of School</u>	<u>No. on Roll</u>	<u>No. inspected</u>	<u>Date of medical inspection</u>	<u>Children having milk</u>	<u>Children having dinner</u>	<u>Diphtheria Immunisation</u>	<u>Date of last dental inspection</u>
Crewkerne Grammar	204	47	21.3.63	58.84%	36.27%	-	27.9.63
Crewkerne Infants'	104	63	10/11/13 10.62	81.73%	75%	36	15.7.63
Crewkerne Junior	221	101	24/25/26 10.62	85.98%	76.66%	-	2.5.63
Crewkerne Secondary Modern	352	113	19/20/21 6.63	40.90%	58.21%	-	28/29. 1.63

APPENDIX C TABLE 1

Infectious and Other Notifiable Diseases

Scarlet Fever	...	2
Measles	...	8

Analysis of Cases Notified

Under	1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+
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Scarlet Fever	2
Measles	1 1 1 1 4

Tuberculosis

Age Group	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
-	1							
1 -	5							
5 -	15							
15 -	25							
25 -	35							
35 -	45			1				
45 -	55							
55 -	65							
65+	65+							
Total	-	-	1	-	-	-	-	-

APPENDIX D TABLE 1

Water Supplies

Piped Supplies - results of samples taken for analysis.

Raw Water		Treated after going into supply	
Bacteriological	Chemical	Bacteriological	Chemical
Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
factory	factory	factory	factory
-	1	2	-
		3	-
		-	-
		-	-

Water Supplied from wells:

No. of samples taken for examination Nil

Satisfactory		Unsatisfactory	
Chemical	Bacteriological	Chemical	Bacteriological
-	-	-	-

No. of wells closed Nil

No. of houses relying on (a) well supplies ... 1
(b) spring supplies ... 1

APPENDIX D TABLE 2

Factories Acts, 1937 - 1959

No. on register	No. of Inspections	No. of written notices	No. of occupiers prosecuted
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(i) Factories in which Section 1, 2, 3, 4, and 6, enforced by Local Authority.

6 12 - -

(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority

36 72 - -

(iii) Other premises Section 7 is enforced by the Local Authority (excluding outworkers' premises)

5 10 - -

47 94 - -

Cases in which defects were found Nil

Cases in which defects found were remedied Nil

OUTWORKERS

No. of outworkers in August list required by Section 110 77

APPENDIX D TABLE 3

Housing

Action Taken During Year

<u>Houses erected during year</u>			<u>Houses in course of erection</u>			
For Slum Clear-purposes	For other	For Slum	For other	Gained from conversion of large houses or buildings into flats or dwellings	Lost from conversion of two or more houses to one	
ance		Clear-purposes	ance			
Local Authority	Nil	1	Nil	Nil	-	-
Private	Nil	28		13	2	-

No. of Post War houses erected from

Housing Programme
1861

1st April, 1945, to 31st December, 1963.

By Local Authority By Private Ent
205 206 207 208 209

(a) No. of temporary housing units occupied

(b) No. of houses found overcrowded

None
None
None

Houses required

(i)	to replace houses scheduled for demolition	...	1
(ii)	To abate overcrowding	...	None
(iii)	for other purposes	...	1
(iv)	Applications for Council houses at end of year		
	(a) Urgent bona fide cases	...	30
	(b) Applications for Old People's Dwellings	...	50
	(c) Others	...	110
	Total applications		<u>190</u>

(v) Total number of Council houses sold during the year Nil

No. of permanent dwellings in District as at 31.12.62	Gained from conversion and erected during 1963	Total (a) + (b)	Less houses demolished, permanent closed etc. during year	No. of dwellings in District at 31.12.63	L.A. P.E.
(a)	(b)				
L.A. 419	1	420		420	
P.E. 1171	30	1201	2	1199	
<u>Totals</u> 1590	31	1621			

OLD PEOPLE'S DWELLINGS

No. erected to 31.12.63	No. in course of erection
With County Council Aid	Without County Council Aid
14	18

IMPROVEMENT GRANTS

A. Discretionary

Number of applications and houses dealt with by Local Authority during year.

(1)	(2)
Received	Approved
Applications No. of Dwellings 3	Applications No. of Dwellings 3

NOTE - Number of applications approved in respect of owner/occupiers during year 2

Average cost per dwelling approved during year £1087

Amount of grant payable by Local Authority .. £1200

B. Standard

1. Number of applications (a) received ... 19
(b) approved ... 19

Number of houses where Standard Amenities have been provided ... 16

NOTE - Number of applications approved in respect of owner/occupiers during year ... 7

APPENDIX D TABLE 4

PREVENTION OF DAMAGE BY PESTS ACT, 1949

TYPE OF PROPERTY

		Local Authority	Dwelling houses (inc. Council houses)	Non-Agricultural	All Other (including Business Premises)	Total	Agricultural
1. No. of properties in L.A.s district	4		1505	1505	234	1743	-
2. Total No. of properties inspected as a result of notification			137	137	33	170	4
3. No. of such properties found to be infested by:							
Common rat	Major		35	35	8	43	-
	Minor		52	52	11	63	-
Ship rat			-	-	-	-	-
House mouse	Major		18	18	10	28	-
	Minor		22	22	4	26	-
4. Total No. of properties inspected in the course of Survey under the Act			231	231	29	260	-
No. of such properties found to be infested by:							
Common rat	Major		23	23	8	31	-
	Minor		49	49	11	60	-
Ship rat			-	-	-	-	-
House mouse	Major		10	10	7	17	-
	Minor		34	34	5	39	-
5. Total No. of properties otherwise inspected e.g. when visited primarily for some other purpose							
No. of such properties found to be infested by:							
Common rat	Major		-	-	-	-	-
	Minor		-	-	-	-	-
Ship rat			-	-	-	-	-
House mouse	Major		-	-	-	-	-
	Minor		-	-	-	-	-
No. of infested properties in Sections 2, 3, & 4 treated by L.A.			259	259	47	306	4
No. of notices served under Section 4 of the Act							
(a) Treatment			-	-	-	-	-
(b) Structural work			-	-	-	-	-
No. of "Block" control schemes carried out			-	-	-	-	-

